



**U.S. Department of the Interior
Office of Inspector General**

SURVEY REPORT

**EMERGENCY MEDICAL AND
SEARCH AND RESCUE SERVICES,
NATIONAL PARK SERVICE**

**REPORT NO. 96-I-806
JUNE 1996**



United States Department of the Interior

OFFICE OF INSPECTOR GENERAL
Washington, D.C. 20240

JUN 24 1996

MEMORANDUM

TO: The Secretary *[Handwritten signature]*

FROM: Wilma A. Lewis
Inspector General

SUBJECT SUMMARY: Final Survey Report for Your Information - "Emergency Medical and Search and Rescue Services, National Park Service" (No. 96-I-806)

Attached for your information is a copy of the subject final survey report.

We concluded that the National Park Service had developed highly skilled and effective staffs for providing emergency medical and search and rescue services to those people needing assistance in park units and had taken action to recover, from park visitors, some of its costs for providing emergency services. However, the Park Service had not established uniform procedures for recovering, from specific beneficiaries, costs associated with providing emergency assistance; was not depositing funds recovered into the U.S. Treasury as required; and had service fee collection agreements with non-Federal entities that included inadequate contract provisions. As a result, cost recovery practices among park units and park visitors were not consistent; costs for emergency medical and search and rescue services for fiscal year 1993 estimated to be at least \$4.5 million were not recovered from the specific beneficiaries; and fee collections totaling \$757,800 were inappropriately retained by park units.

The Park Service disagreed with the draft report's three recommendations, stating that it believed that Federal guidance pertaining to cost recovery "contemplated [a] a business/commercial advantage" and therefore was outside the scope of the emergency medical and search and rescue services because of the "totally humanitarian" nature of this function. Based on the Park Service's response, we revised one recommendation and requested the Park Service to provide a response to the revised recommendation and to reconsider its response to the remaining two recommendations.

If you have any questions concerning this matter, please contact me or Ms. Judy Harrison, Assistant Inspector General for Audits, at (202) 208-5745.

Attachment



United States Department of the Interior

OFFICE OF THE INSPECTOR GENERAL
Washington, D.C. 20240

JUN 10 1996

SURVEY REPORT

Memorandum

To: Assistant Secretary for Fish and Wildlife and Parks

From: Judy Harrison *Judy Harrison*
Assistant Inspector General for Audits

Subject: Final Survey Report on Emergency Medical and Search and Rescue Services, National Park Service (No. 96-I-806)

INTRODUCTION

This report presents the results of our survey of the National Park Service's policies and procedures for providing emergency medical and search and rescue services at individual park units. The objective of our survey was to determine whether the Park Service had taken the following actions: (1) provided sufficient resources to ensure efficient and effective responses to emergency situations; and (2) ensured recovery of the costs associated with providing emergency medical and search and rescue services when such charges were authorized. In addition, we reviewed the Park Service's control of the funds recovered.

BACKGROUND

The National Park Service manages 367 individual park units, which include the following: national, military, and historical parks; recreation areas; memorials; wild and scenic rivers; historic sites; preserves; battlefields; seashores and lakeshores; and scenic trails. These park units cover more than 80 million acres of land in 49 states, the District of Columbia, and several U.S. insular areas. The Park Service is responsible for protecting, conserving, and preserving the scenery, nature, historic objects, and wildlife in the designated park units while concurrently fulfilling its mandate to provide public accessibility and enjoyment of these units. Almost 300 million people visit national park units annually. The park visitors are often in unfamiliar and sometimes hazardous environments, which increases the potential for accidents and injuries.

When accidents or injuries occur, emergency assistance is provided to park visitors by Park Service employees; other Federal, state, and local agency personnel; and volunteers. Generally, providing both emergency medical and search and rescue services requires the rescuers to locate and reach the persons; assess their condition; provide initial treatment; and facilitate transport, which may include hand-carried litters, patrol vehicles, ambulances, boats, fixed-wing aircraft, or helicopters.

The park units use emergency medical services and facilities in local communities if they can ensure rapid responses in life-threatening emergencies. Otherwise, park units have developed emergency medical services capabilities commensurate with park unit needs and available funding resources. These capabilities include training and maintaining certified emergency care providers who have skill levels ranging from providing minor first aid through providing pre-hospital care involved with cardiac cases (paramedics). The park units provide advanced life support care with the assistance of medical doctors affiliated with a nearby local hospital or clinic.

During calendar year 1993, the Park Service reported that it responded to 4,700 search and rescue incidents and 25,160 emergency medical incidents, of which 11,560 of the latter involved medical life support. These incidents occurred primarily in 36 of the 367 park units of the park system. The Park Service reported expending about \$3.6 million for these services (\$826,000 for emergency medical services and \$2.8 million for search and rescue services). Costs for emergency medical and search and rescue services included expenditures for salaries,¹ overtime, hazardous duty pay, training, supplies, equipment, vehicle use and acquisition, aircraft use, food and lodging for rescuers, and registration fees for certification of the medical care providers. The Park Service finances its emergency medical and search and rescue services through appropriated funds, the user fee statute (31 U.S.C. 9701), other laws contained in Park Service specific legislation (16 U.S.C.), and donations.

SCOPE OF SURVEY

The survey included reviews of the Park Service's emergency medical and search and rescue services provided from fiscal years 1991 to 1994 and included visits to or contacts with the park units listed in Appendix 2. To accomplish our objective, we took the following actions: (1) reviewed applicable Federal legislation and regulations, Office of Management and Budget and Department of the Interior cost recovery directives, and Park Service emergency services policies and directives; (2) evaluated park unit cost accounting and recovery procedures; and (3) reviewed applicable operating and financial records for the emergency services program. We interviewed Park Service program and administrative personnel and reviewed

¹The expenditure amount reported in the 1993 annual emergency medical services program report generally excluded base salary costs for regular employees when they performed medical assistance or attended related training classes. However, the 1993 search and rescue report included a \$438,000 estimate for regular employee salary costs that were charged to the park unit's annual operating budget when these employees performed search and rescue services.

documents, records, and reports related to emergency medical and search and rescue services. We also interviewed officials from the Department's Office of the Solicitor to obtain their perspectives on the requirements and authorities for recovering the Federal costs of providing these emergency services.

We also developed and sent a questionnaire to 30 park units to obtain information on program resources, the annual reporting of financial statistics, and accounting and cost recovery practices related to the park units' emergency medical and search and rescue services programs, as well as data pertinent to individual search and rescue operations. The park units were selected based on the number of incidents, cost data, and program operations, as identified in the Park Service's annual program reports or the financial accounting system information. The park units' responses were incorporated into our report and used in forming our survey conclusions and recommendations.

Our survey was made, as applicable, in accordance with the "Government Auditing Standards," issued by the Comptroller General of the United States. Accordingly, we included such tests of records and other auditing procedures that were considered necessary under the circumstances. As part of our survey, we performed an evaluation of the Park Service's internal controls related to financing and recovering the costs of its emergency medical and search and rescue services programs. We found that the Park Service had not established uniform procedures to recover costs associated with providing emergency assistance to park visitors or complied with revenue disposition requirements, as discussed in the Results of Survey section of this report. Our recommendations, if implemented, should clarify and improve the Park Service's guidance in these areas. We also reviewed the Department of the Interior's Annual Statement and Report, required by the Federal Managers' Financial Integrity Act, for fiscal years 1992 and 1993 and determined that none of the Department's reported weaknesses were directly related to the objective and scope of this survey.

PRIOR AUDIT COVERAGE

Neither the Office of Inspector General nor the General Accounting Office has issued any reports on the Park Service's emergency medical and search and rescue services within the past 5 years.

RESULTS OF SURVEY

The National Park Service's policies place a high priority on saving human life and require that park units make reasonable efforts to provide appropriate emergency medical services for visitors who become ill or injured in the parks; to search for lost persons; and to rescue sick, injured, or stranded persons. The Park Service has developed highly skilled and effective staffs for providing emergency medical and search and rescue services to those people needing assistance in park units. However, we found that the Park Service had not established uniform procedures for

recovering costs associated with these activities. In addition, park units incorrectly retained revenues collected for providing emergency medical and search and rescue services instead of depositing the funds into the proper U.S. Treasury account, and it entered into fee collection agreements with non-Federal entities that included inadequate contract provisions. Although Federal statutes and Departmental and Park Service directives provide guidance on cost recovery, this guidance was not implemented effectively because the Park Service, without providing sufficient guidance and oversight, relied on field-level managers to institute a system for charging and collecting use fees from the visitors assisted. As a result, cost recovery practices among park units and park visitors were not consistent, costs for emergency medical and search and rescue services for fiscal year 1993 estimated to be at least \$4.5 million were not recovered from the specific beneficiaries, and fee collections totaling \$757,800 were inappropriately retained by park units.

Fee Recovery

The Park Service has not established uniform procedures that ensure the recovery of all appropriate costs associated with providing emergency assistance to park visitors. Although Park Service management guidelines (NPS-51, “Emergency Medical Services”) contain guidance for establishing or maintaining an emergency medical services program and for charging fees for medical services provided by park units, the guidelines do not address whether fees may be charged for search and rescue services. In that regard, the user fee statute (31 U.S.C. 9701) authorizes and administrative guidelines (Office of Management and Budget Circular A-25, “User Charges,” and the Departmental Manual, Part 346) instruct agencies to establish a reasonable charge for an agency service that conveys special benefits² to identifiable recipients beyond those accruing to the general public. In the Park Service’s case, we believe that the park visitor who becomes ill or injured and receives emergency medical services receives a special benefit that does not accrue to the general public. Also, the provision of search and rescue services could also be considered a special benefit.

However, Park Service guidelines left the assessment of fees and cost recovery to the discretion of park management. Furthermore, these guidelines did not provide specific instructions that ensured consistent application of the park unit’s cost recovery efforts or that identified all appropriate billable services, rate-setting methods, or collection requirements. For the 36 parks reviewed,³ we found that 9

²According to Office of Management and Budget Circular A-25, a special benefit accrues when the Government-rendered service: (1) enables the beneficiary to obtain more immediate or substantial gains or values than those that accrue to the general public; or (2) is performed at the request of, or for the convenience of, the recipient and is beyond the services regularly received by other members of the same industry or group or by the general public.

³Of the 36 park units, 24 parks charged entrance fees (including 8 parks that charged camping, daily recreation, or special use fees), 8 parks had no established program to charge entrance fees, and 4 parks were prohibited by legislation from charging entrance fees. For the 24 park units that charged

park units had implemented procedures to charge and recover at least a portion of the costs for emergency medical and search and rescue services from visitors (Appendix 3). Death Valley National Monument was the only park unit that charged and collected sufficient revenues from visitors to recover its reported costs for emergency medical and search and rescue services. However, policies for charging fees varied among the park units when the following services were provided: aircraft or ambulance services, basic life support or advanced life support activities, oxygen use, cardiac monitors, or advanced life support skills during helicopter medical evacuations. For example:

- Of the three Western Region parks that reported helicopter usage for medical or other evacuation on search and rescue operations, Grand Canyon and Sequoia/Kings Canyon National Parks charged visitors for medical and helicopter services that cost about \$174,000 for fiscal year 1993, but Yosemite National Park, which also reported significant usage, did not charge visitors for emergency medical and search and rescue services that cost about \$113,000.

- Grand Canyon's policy was to charge visitors for pre-hospital medical services when the visitors required transportation by either ambulance or helicopter. These charges were based on standard rates for basic life support, advanced life support, oxygen use, mileage, advanced life support attendants, and transfer costs. Visitors also were to be charged for search and rescue evacuations, but the charges were to be limited to the medical evacuation portion of the costs. However, costs for additional flights and other services were to be charged to the visitors when park officials determined that the visitors' actions caused unnecessary rescue efforts. This contrasted with Yosemite National Park's policy, which charged for pre-hospital emergency services only when the visitors were transported by ambulance, and Sequoia/Kings Canyon's policy, which charged pre-hospital emergency services only when the visitors were transported by a non-Park Service ambulance service that had agreed to bill the visitor for the park unit.

- None of the six park units that we visited charged for emergency medical or search and rescue services when backcountry evacuations involved modes of transportation such as hand-carried litters, boats, or patrol vehicles. Also, the costs of searching for lost or missing visitors were not charged.

While we could not determine the full cost of providing emergency medical and search and rescue services to the visiting public because the costs were not specifically identified in accounting records, we estimated that at least \$4.5 million was expended to provide the services in fiscal year 1993. Our estimate was based on the Park Service's reported program expenditures of \$3.6 million, plus salary costs

fees, emergency medical and search and rescue services expenditures represented about \$2.1 million (58 percent) of the \$3.6 million of emergency medical and search and rescue services expenditures reported by the Park Service.

for employee training estimated at \$1.2 million, minus annual revenue collections totaling \$324,000 (Appendix 1). Although the cost effectiveness of collecting fees could not be evaluated because of the lack of cost data, our review of revenue and cost data for eight parks in the Western and Rocky Mountain Regions that charged for emergency services showed that revenues exceeded collection costs (Appendix 2).

Despite the Park Service's progress in implementing some types of cost recovery, appropriations were still the primary source of funding of emergency medical and search and rescue services for park visitors. The emergency medical and search and rescue services activities were described in the Park Service's annual budget requests as part of the operation of the National Park System. However, we found that emergency services costs were not fully budgeted and charged to the operations account.

Since fiscal year 1983, the Park Service has had authority, in both the Department's annual Appropriations Acts and in Title 16 of the United States Code, to charge the costs of conducting emergency search and rescue operations to any funds available to the Park Service. As such, the Park Service established a policy whereby incidents costing less than \$500 were chargeable only to the park unit's operating appropriation account. Unbudgeted incident costs equaling or exceeding \$500 were classified as "major" incidents, with the unbudgeted costs charged to a separate account and then transferred to other appropriations at fiscal year-end.⁴ According to a Park Service Budget Division official, a \$500 threshold for unbudgeted incident costs⁵ was established to ensure that non-operations appropriations accounts did not finance all costs for search and rescue incidents.

The National Performance Review concluded that the Park Service should identify ways to generate funds to perform its program requirements because of fiscal constraints on Federal appropriations. While we recognize that the recovery of the costs of providing emergency assistance to individuals who become ill, injured, or stranded is a sensitive issue, we believe that the Park Service should clearly define its position on this matter and develop uniform procedures to ensure that the costs of emergency medical services are appropriately recovered from the park visitors who

⁴The total charges to the Park Service's "major" accounts established to record separately the unbudgeted search and rescue services costs for fiscal years 1992, 1993, and 1994 were \$1.436 million, \$2.186 million, and \$1.253 million, respectively (Appendix 4). These costs, combined with emergency law and order costs (which cannot be absorbed by the Park Service's operations account), were transferred to construction and land acquisition and state assistance accounts. The total combined transfer costs in fiscal years 1992, 1993, and 1994 were \$2.9 million, \$3.0 million, and \$1.0 million, respectively.

⁵Unbudgeted costs for search and rescue services included costs for permanent and seasonal employee overtime and hazardous duty premium pay; emergency hire employee pay; travel, helicopter, and vehicle expenses; and supply or equipment purchases. Essentially, unbudgeted costs included all costs incurred to perform an operation except the normal tour of duty salary costs of regular employees.

receive the program benefits and prepare written guidance on whether to charge fees for search and rescue services.

Fee Revenues

For fiscal years 1992 through 1994, nine park units that charged for emergency assistance retained fee revenues totaling \$757,800 (Appendix 3). These fee revenues were deposited into the parks' reimbursable accounts rather than into the U.S. Treasury account. The user fee statute (31 U.S.C. 9701) and the Departmental Manual (346 DM 1.3) specify that funds recovered for services provided to the non-Federal sector be deposited into a U.S. Treasury "miscellaneous receipt" account unless the receipts are specifically exempted from the deposit requirement specified in other legislation. We did not find any other legislation for the kinds of services provided that specifically exempted the Park Service from the requirement to deposit recovered funds into a U.S. Treasury account. Additionally, Park Service legislation (16 U.S.C. 452) states, "All revenues of the national parks shall be covered into the Treasury to the credit of miscellaneous receipts."

As previously noted, 9 of the 36 parks reviewed had implemented procedures to recover at least a portion of the costs provided for emergency services. However, each of the nine parks incorrectly placed revenues associated with emergency medical and search and rescue services charges into reimbursable accounts (Appendix 3). For example:

- During fiscal years 1992 through 1994, Sequoia and Kings Canyon properly deposited revenues totaling \$18,800 for helicopter services into the U.S. Treasury account, but revenues totaling \$13,400 for ambulance services were deposited into a reimbursable account.
- Grand Canyon deposited revenues totaling \$289,000 for both helicopter and ambulance services into reimbursable accounts during fiscal years 1992 through 1994.
- Death Valley National Monument held, in a county "trust fund," about \$47,600 for ambulance services that was billed and collected for the Monument by Inyo County, California. An agreement between the County and the Monument provided that the County would bill patients for the Monument's ambulance services and retain the collections until funds were requested by park unit officials for emergency services costs such as equipment, supplies, and training.

The funds retained by the park units represented reimbursements for emergency services provided to sick or injured visitors by the park units' staffs. Park units that retained and expended these revenues for their emergency services programs told us that elimination or reduction of this funding source would be "detrimental" to their emergency medical services program or would "adversely affect" other park program areas. However, in our opinion, the park units lacked authority to retain these emergency services revenues.

Fee Collection Agreements

Eight of the nine park units that implemented cost recovery practices entered into fee collection agreements with non-Federal entities (Appendix). However, the agreements between the park units and the billing cooperators reduced revenues to the Government and included provisions that did not fully protect the Government's interests. The park units used a billing cooperator to replace the parks' billing and collection activities by allowing the cooperator to issue the initial billing and demand notice for payment and to collect emergency services fees.

Park Service guidelines (NPS-51, Chapter 16, Part II) permit cooperators to bill park visitors for emergency care provided by park unit providers. However, according to Departmental collection guidance (344 DM 2.4), contracted collection services were designed to supplement, not replace, the basic collection program of a bureau. Contracted services customarily are used to pursue debts owed the Government already billed by a bureau rather than to replace a bureau's billing and collection activities.

The park units' use of billing cooperators significantly reduced the net return to the Federal Government for performing these services. For example:

- Yosemite National Park began charging for its ambulance service in June 1991, and the Park's medical clinic, under an agreement with the Park, performed the Park's billing and collection functions. The net collections for patient services from October 1991 through June 1994 totaled \$285,100, of which the Park received \$190,300 and the clinic retained \$94,800, or 33 percent.

- Grand Canyon National Park, under an agreement with the Park's medical clinic to bill for ambulance and helicopter medical evacuations, collected \$365,900 from March 1993 through June 1994, of which the Park received \$271,900 and the clinic retained \$94,000, or 26 percent. The collection retention percentages applicable to other parks that used these billing services ranged from 7.5 to 40 percent, as shown in Appendix 3.

We also reviewed the provisions of the agreements between the park units and the cooperators, which issued bills for emergency services received by park visitors. We found eight park units that had collection agreements funded on a contingent percentage fee basis of revenues collected, which is allowed under Federal and Departmental regulations. However, three of the agreements included additional fixed-fee amounts as part of the compensation to the billing cooperator. Title 4, Section 102.6, of the Code of Federal Regulations and the Departmental Manual (344 DM 2.4B) allow an agency to fund a collection contract on a fixed-fee basis, but payment for collection services is required to be charged to the agency's appropriation. Fixed fee amounts paid from patient billing collections for the three agreements totaled \$45,500 (Appendix 3).

The park unit's agreements also allowed the non-Federal cooperator to terminate collection efforts on individual bills, whereas the Accounting Operation's Division of the Park Service's Washington Office requires that bills issued by park units for unpaid debts be forwarded to the Division to terminate collections. Under requirements of the Debt Collection Act (Public Law 97-365) and applicable regulations, the termination of collections cannot be delegated to a collection agency.

In addition, billing and collection information provided to Yosemite National Park and Death Valley National Monument by its cooperators did not provide sufficient data to ensure proper oversight of collection activities. For example, the information did not describe how the cooperator computed the amounts due the parks and those retained by the cooperators. The information also did not provide an aging schedule of receivables or the status of the cooperators' collection efforts. The Park Service's Accounting Operations Division should review and approve the collection agreements between the park units and non-Federal entities to ensure compliance with legislative requirements and to ensure that the interests of the Government are fully protected,

Recommendations

We recommend that the Director, National Park Service:

1. Ensure the consistent application of Park Service guidance for charging fees for emergency medical services provided by park units through the development of uniform cost recovery procedures that identify all appropriate billable services, rate-setting methods, or collection requirements and consider the development of procedures for charging fees for search and rescue services.
2. Deposit emergency assistance revenue collections into the miscellaneous receipt accounts of the U.S. Treasury unless legislative relief is obtained to authorize the retention of the funds.
3. Review collection agreements between park units and non-Federal entities for the billing and collection of emergency medical costs to ensure compliance with legislative requirements and to ensure that the interests of the Government are fully protected. This would include ensuring that contracted collection services do not replace the basic collection program of the agency; that the payment of fixed-fee compensation for collection services is charged to the Park Service's appropriation; that unpaid debts to the Government are forwarded to the Park Service's Accounting Operations Division to be terminated; and that billing and collection information provided by cooperators is sufficient to ensure the park unit's proper oversight of collection activities.

National Park Service Response and Office of Inspector General Reply

The October 13, 1995, response (Appendix 5) to the draft report from the Chief, Ranger Activities Division, National Park Service, did not concur with Recommendations 1, 2, and 3. Based on the response, we have revised Recommendation 1 to clarify our position. Accordingly, the Park Service is requested to respond to the revised recommendation and to the remaining two recommendations, all of which are unresolved (see Appendix 6).

Recommendation 1. Nonconcurrence.

Park Service Response. Regarding Office of Management and Budget Circular A-25, the Park Service stated that it did not believe that park visitors who became “ill, lost, stranded, injured” received special benefits beyond those accruing to the general public. Further, the Park Service stated that Section 6.a of the Circular included criteria which are to be used in determining when special benefits exist and that these criteria address a “contemplated business/commercial advantage which the Circular intends to curtail by . . . cost recovery.” The Park Service said that it believes this section places the Circular’s focus outside the scope of the emergency medical and search and rescue services because this function is “totally humanitarian” in character as opposed to the “commercialism” addressed in the Circular.

In addition, the Park Service stated that charging for emergency medical and search and rescue services in any form other than as a direct exchange would remove, from the Park Service, the discretionary exemption from tort liability currently in effect under the Federal Tort Claims Act. Finally, the Park Service stated that proration of emergency medical and search and rescue service charges as part of entry fees would require authorizing legislation.

Office of Inspector General Reply. As its general policy, Circular A-25 states that a user charge will be assessed against each identifiable recipient for special benefits derived from Federal activities beyond those received by the general public. The Circular is applicable to all Federal activities and defines a special benefit as a service performed at the request of or for the convenience of the recipient. We verified with the Office of Management and Budget that the Circular was applicable to both commercial and noncommercial activities. As such, we believe that the park visitor who requires emergency assistance is the beneficiary of a special benefit and that the costs of providing the emergency assistance should be recovered. While the Circular does not specifically identify emergency medical and search and rescue services as an example of an activity subject to a fee, Park Service guidance (NPS-51) provides for the recovery of costs when providing medical services. However, it does not address the recovery of costs for search and rescue activities. Furthermore, given that this is a sensitive area, we have revised the recommendation to request that the Park Service recover, on a consistent basis, the cost of providing emergency medical services as provided for in NPS-51 and that the Park Service prepare written guidance on whether to charge fees for search and rescue services. The clarification

of Park Service procedures for recovering the costs of emergency medical services and the development of policy regarding the recovery of costs associated with search and rescue services should be based on the advice of the Office of the Solicitor regarding the diminishing of the discretionary exemption from tort liability under the Federal Tort Claims Act. Finally, based on comments made by Park Service officials at our conference to discuss a preliminary report, we deleted the reference to the Park Service's consideration of recovering the costs of emergency medical and search and rescue services through an allocation of a portion of a proposed increase in entrance fees.

Recommendation 2. Nonconcurrence.

Park Service Response. The Park Service stated that, in accordance with Section of 6.c.(2) of the Circular, it would seek an exemption from the Office of Management and Budget to allow parks to retain fees equal to the costs of operating their emergency medical and search and rescue services programs.

Office of Inspector General Reply. The exemption cited by the Park Service was for an exception to charge fees, not an exception to return fees to the U.S. Treasury.

Recommendation 3. Nonconcurrence.

Park Service Response. The Park Service stated that the relationship of the park units with their medical providers is one of "direct exchange" (of consumable medical supplies) and not of billing.

Office of Inspector General Reply. We disagree that agreements with cooperative medical providers merely represent an item-for-item exchange to preserve the Federal Government's investment in maintaining the medical supplies at minimal or no cost to the Park Service. Park units have used cooperators, which operate within the park boundaries, to replace the parks' billing and collection activities by allowing the cooperators to issue the initial billing and demand notice for payment and to collect emergency services fees. Further, park units have established billing and collection agreements with cooperators to collect, from park visitors, a wide array of emergency services fees, such as \$400 per patient for advanced life support, \$200 per patient for basic life support, \$36 per patient for administering oxygen, and \$8 a mile for ambulance transport. In addition, the use of billing cooperators reduced the net return to the Federal Government for performing these services, and billing cooperators have not provide sufficient data to ensure proper oversight of collection activities.

In accordance with the Departmental Manual (360 DM 5.3), we are requesting a written response to this report by August 12, 1996. The response should provide the information requested in Appendix 6.

The legislation, as amended, creating the Office of Inspector General requires semiannual reporting to the Congress on all audit reports issued, actions taken to implement audit recommendations, and identification of each significant recommendation on which corrective action has not been taken.

APPENDIX 1

CLASSIFICATION OF MONETARY AMOUNTS

<u>Finding Area</u>	<u>Funds To Be Put To Better Use</u>
Emergency Services Cost Recovery	
1993 Park Service annual reported costs	\$3,600,000
Estimated staff training costs*	1,225,000
Less fiscal year 1993 park unit collections**	<u>(324,000)</u>
Estimated annual costs	<u>\$4,501,000</u>

*Costs for emergency medical services training reported in the 1993 program summary report excluded costs for salaries for employees attending training courses but did report the number of staff training days. We estimated salary costs by multiplying the reported 17,370 staff days by the daily salary cost of an employee who was a GS-5, step 1 (\$70.54 without benefits).

**The amount includes \$16,600 collected in fiscal year 1993 by Sequoia and Kings Canyon National Parks that was deposited, as appropriate, into a U.S. Treasury miscellaneous receipts account.

**EMERGENCY SERVICES RESOURCE COMMITMENTS,
NUMBER OF INCIDENTS, AND COST ACTIVITIES
REPORTED FOR 1993
FOR PARK UNITS VISITED OR SURVEYED^{1/}**

	<u>Emergency Medical Training Staff-Days</u>	<u>Emergency Medical Technicians</u>	<u>Emergency Medical^{2/}</u> <u>No. of Cases</u>	<u>Emergency Medical^{2/}</u> <u>costs</u>
<u>Western Region</u>				
Yosemite National Park ^{3/}	884	126	867	\$127,000
Grand Canyon National Park ^{3/}	600	72	1,031	113,164
Sequoia/Kings Canyon National Parks ^{3/}	615	50	594	26,336
Lake Mead National Recreation Area ^{3/ 4/}	181	64	523	26,703
Death Valley National Monument ^{3/}	200	27	273	26,726
Lassen Volcanic National Park ^{3/}	141	22	122	5,445
Hawaii Volcanoes National Park	3	6	138	1,845
Joshua Tree National Monument	22	11	43	198
Saguaro National Monument	104	6	27	750
<u>Rocky Mountain Region</u>				
Canyonlands National Park	207	14	27	9,085
Dinosaur National Monument	28	8	14	"900
Glacier National Park	146	37	170	850
Glen Canyon National Recreational Area ^{4/}	337	36	647	47,764
Grand Teton National Park	131	35	201	32,575

^{1/}All statistical data except search and rescue costs represent the amounts presented in the calendar year 1993 emergency services program from the Park Service's Washington or regional offices or from individual park units. The search and rescue costs equal the combined reported annual operating budget account expenses, plus the accumulated fiscal year 1993 costs in the accounting system balances for accounts that represent unbudgeted costs.

^{2/}"Emergency medical" consists of basic and advanced emergency medical services and advanced cardiac life support emergency medical services.

^{3/}Park units visited during the audit.

^{4/}Park units that did not have established programs to charge entrance fees.

	<u>Emergency Medical Training Staff-Days</u>	<u>Emergency Medical Technicians</u>	<u>Emergency Medical^{2/}</u>	
			<u>No. of Cases</u>	<u>Costs</u>
<u>Rocky Mountain Region (Continued)</u>				
Rocky Mountain National Park	163	41	151	\$5,519
Yellowstone National Park	435	71	666	28,000
Zion National Park	30	13	155	3,100
Mesa Verde National Park	27	10	74	4,584
<u>Pacific Northwest Region</u>				
Crater Lake National Park	941	10	20	3,734
Mount Rainier National Park	198	22	40	16,840
North Cascades National Park^{6/}	49	20	43	3,300
Olympic National Park	60	34	48	3,300
City of Rocks National Reserve ^{4/}	250	8	13	13,000
<u>Alaska Region</u>				
Denali National Park and Preserve	15	29	25	1,800
Wrangell-St.Elias National Park and Preserve ^{6/}	22	8	3	500
<u>North Atlantic Region</u>				
Statue of Liberty National Monument ^{9/}	26	17	749	13,618
Acadia National Park	45	14	69	1,400
<u>Mid-Atlantic Region</u>				
New River Gorge National River ^{4/}	400		139	^{5/}
Shenandoah National Park	493	30	97	29,261
Delaware Water Gap National Recreation Area ^{4/}	93	24	163	3,128

^{5/}Program and unbudgeted search and rescue costs were not shown for 1993.

^{6/}Park units that were prohibited from charging entrance fees.

	<u>Emergency Medical Training Staff-Days</u>	<u>Emergency Medical Technicians</u>	<u>Emergency Medical^{2/}</u> <u>No. of Cases</u>	<u>Costs</u>	<u>Search and Rescue</u> <u>No. of Cases</u>	<u>Costs</u>
<u>Mid-West Region</u>						
Isle Royale National Park ^{4/}	127	6	37	\$1,870	12	\$675
Sleeping Bear Dunes National Lakeshore ^{4/}	21	7	7	1,034	27	484
<u>Southeast Region</u>						
Everglades National Park	255	32	74	3,200	52	9,684
Great Smoky Mountains National Park ^{6/}	278	35	349	15,600	71	536,733
<u>Southwest Region</u>						
Buffalo National River ^{4/}	63	13	39	1,556	22	3,396
Big Bend National Park	<u>139</u>	<u>16</u>	<u>110</u>	<u>26,800</u>	<u>21</u>	<u>2,653</u>
Total	<u>7,729</u>	<u>974</u>	<u>7,748</u>	<u>\$600,485</u>	<u>2,365</u>	<u>\$2,441,832</u>

PARKS WITH AMBULANCE SERVICES AND PARKS THAT IMPLEMENTED BILLINGS FOR SERVICES

	<u>Fees Charged</u>	<u>Ambulance Services Charged</u>	<u>Park Uses Cooperator for Billings</u>	<u>Payment Basis to Cooperator^{1/}</u>	<u>Collections to Reimb. Accts. FYs 92-94</u>
				<u>Fixed Fee Percentage</u>	
<u>Western Region</u>					
Yosemite National Park	yes	yes	yes	\$26,000 7.5% of NC	\$190,300
Grand Canyon National Park	yes	yes^{2/}	yes^{3/}	\$7,500 20% of NC	289,000
Sequoia/Kings Canyon National Park	yes	yes^{2/}	yes^{3/}	10% of NC	13,400
Lake Mead National Recreation Area	no	no	n/a		
Death Valley National Monument	yes	yes	yes	15% of NC	86,300
<u>Rocky Mountain Region</u>					
Glen Canyon National Recreational Area	yes	yes	yes	\$12,000 20% of NC	14,200
Grand Teton National Park	yes	yes	yes	23% of GC	93,900
Yellowstone National Park	yes	yes	yes	15% of NC	55,000
Zion National Park	no	no	n/a		
Mesa Verde National Park	yes	yes	yes	40% of GC	10,700
<u>Pacific Northwest Region</u>					
Mount Rainier National Park	no	no	n/a		
Crater Lake National Park	no	no	n/a		

^{1/}The payment amount due the billing cooperator was computed based on either the net collections by the cooperator (NC) or the gross charges billed by the cooperator to the patient (GC), as shown in the service agreements. When the payment basis included a fixed dollar amount, the net collections percentage was applied to net collections in excess of the fixed amounts.

^{2/}These parks also charged helicopter service fees.

^{3/}These parks issued service fee bills and had a cooperator issue bills for the park during the period of our review.

	<u>Fees Charged</u>	<u>Ambulance Services Charged</u>	<u>Park Uses Cooperator for Billings</u>	<u>Payment Basis to the Cooperator^{1/} Fixed Fee Percentage</u>	<u>Collections to Reimb. Accts. FYs 92-94</u>
<u>Alaska Region</u>					
Denali National Park and Preserve	no	no	n/a		
<u>Mid-Atlantic Region</u>					
Shenandoah National Park	no	no	n/a		
<u>Southwest Region</u>					
Big Bend National Park	yes	yes	no	_____	<u>\$5,000</u>
Total				<u>\$45,500^{4/}</u>	<u>\$757,800</u>

^{4/}The fixed amounts of \$26,000 and \$7,500 for Yosemite and Grand Canyon National Parks, respectively, were to be paid annually from revenue collections, whereas the \$12,000 fixed amount for Glen Canyon National Recreation Area was a one-time start-up cost for the first year.

**UNBUDGETED EXPENDITURES FOR
MAJOR EMERGENCY SEARCH AND RESCUE OPERATIONS
FOR FISCAL YEARS 1992, 1993, AND 1994**

<u>Region</u>	<u>Estimated Predicable Costs By Year*</u>			<u>Recorded Costs Charged to Separate Accounts</u>		
	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>
Alaska	\$94,137	\$85,424	\$94,788	\$210,271	\$195,556	\$94,788
Mid-Atlantic	32,205	107,737	86,756	32,205	107,737	86,756
Mid-West	1,196	991	17,430	1,196	991	17,430
National Capital	0	0	0	0	0	0
North Atlantic	3,085	1,556	10,710	3,085	1,556	10,710
Pacific Northwest	103,696	55,603	41,026	133,851	189,805	41,026
Rocky Mountain	199,374	244,662	184,686	233,272	385,397	248,146
Southeast	73,676	57,895	65,795	73,676	466,499	115,112
Southwest	40,914	16,789	12,222	40,913	16,789	12,222
Western	<u>560,903</u>	<u>484,358</u>	<u>476,681</u>	<u>707,052</u>	<u>821,807</u>	<u>626,714</u>
Total	<u>\$1,109,186</u>	<u>\$1,055,015</u>	<u>\$990,094</u>	<u>\$1,435,521</u>	<u>\$2,186,137</u>	<u>\$1,252,904</u>

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* Our estimated costs were based on the regions' and the Service's annual total recorded costs adjusted to eliminate all separate incident costs at a given cost threshold. We selected cost thresholds of \$10,000, \$15,000, \$20,000, \$25,000, and \$50,000. Cost thresholds below \$25,000 did not result in further reductions of the variations of total costs for either the regions or the Service. However, a cost threshold at \$25,000 eliminated the wide fluctuations in actual costs exhibited for incident costs between fiscal years 1992 through 1994. A similar evaluation for fiscal year 1991 had the same results.



United States Department of the Interior



IN REPLY REFER TO,

NATIONAL PARK SERVICE
P.O. Box 37127
Washington, D.C. 20013-7127

OCT 13 1995

Memorandum

To: Acting Assistant Inspector General for Audits

Via: NPS Management Officer *Frank Seng*

From: Chief, Ranger Activities Division *Chris Anderson 10-13-95*

Subject: Comments on Draft Survey Report on Emergency Medical and Search and Rescue Services, National Park Service (Assignment No. W-IN-NPS-001-94)

We provide the following comments to the draft report's recommendations.

Recommendation No. 1: Develop and implement uniform Servicewide cost recovery procedures based on cost rate schedules or comparable market rates allowed by Office of Management and Budget Circular A-25 and Departmental directives. These procedures should include developing a system that identifies and accumulates the Park Service's direct and indirect expenditures for providing emergency medical and search and rescue services.

Comments: We disagree. Our understanding of OMB Circular A-25 is that it covers "...special benefits to recipients beyond those accruing to the general public. . ." Our belief is that it stretches reason to attribute this notion to park visitors who become ill, lost, stranded, injured, etc. Visitors who do find themselves in such predicaments due to their own willful and wanton disregard for their welfare or the welfare of others are subject to criminal prosecution under the laws of the United States.

Secondly, charging for SAR/EMS services, in any form or fashion other than what will be described below, would remove from the Park Service the discretionary exemption from tort liability currently in force under the Federal Tort Claims Act.

Thirdly, proration of EMS/SAR charges as part of entry fees would, in our opinion, require additional legislation. Also, such

Circular's focus outside the scope of the EMS/SAR functions.

Contrary to the entire platform erected by OMB Circular A-25, the SAR\EMS function is totally humanitarian in character, having absolutely nothing to do with the commercialism addressed by the Circular. Attachment 1 is a summary of comments obtained from SAR/EMS officials at NPS field units.

Recommendation No. 2: Deposit emergency assistance revenue collections into the miscellaneous receipts accounts of the U.S. Treasury unless legislative relief is obtained to authorize the retention of the funds.

Comments: In the event that our comment to Recommendation No. 1 is resolved in our favor, the other recommendations are moot.

However, we also disagree with Recommendation No. 2.

The OMB Circular A-25, Section 6.c. (2), allows for agency heads or their designee to recommend to the Office of Management and Budget that exceptions to the general policy be made when certain conditions exist. Because this provision exists in the Circular and because we believe the conditions are fulfilled, we would initiate a request for an exception which would allow parks to retain receipts equal to the costs of operating their programs.

Further, parks with Level V and Level VI emergency medical programs (i.e. advanced life support medical programs as described in NPS-51), by and large, have established direct exchange, of consumable medical supplies, with their cooperator medical institutions. A notable exception is Death Valley NP, which is so severely isolated that it transfers patients, not to hospitals, but to helicopters, to accomplish transport to the final destination. Thus, for this park, direct exchange from the helicopter is not feasible. However, the Superintendent at this park is investigating alternatives.

Recommendation No. 3: Review collection agreements between park units and non-Federal entities for the billing and collection of emergency medical costs to ensure that legislative requirements are adhered to and that the interests of the Government are fully protected.

Comments: In the event that our comment to Recommendation No. 1 is resolved in our favor, the other recommendations are moot.

However, we also disagree with Recommendation No. 3 because the relationship of NPS EMS/SAR with State and local medical providers

"reinvention" which the NPS initiated 20 years ago that still works.

[NOTE: ATTACHMENT NOT INCLUDED BY OFFICE OF INSPECTOR GENERAL.]

STATUS OF AUDIT REPORT RECOMMENDATIONS

Finding/ Recommendation Reference	Status	Action Required
1	Unresolved.	Respond to the revised recommendation, and provide a plan identifying actions to be taken, target dates for implementation, and titles of officials responsible for implementation. If nonconcurrence is indicated, provide specific reasons for the nonconcurrence.
2 and 3	Unresolved.	Reconsider the recommendations, and provide a plan identifying actions to be taken, target dates for implementation, and titles of officials responsible for implementation.

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